

in this country and says, gee, I hope I get sick so I can use some money out of the pot. There is nobody that crazy in our country. Everybody wants insurance there when they are sick and particularly they want to feel independent, they have taken care of it themselves. It is not their children that have to do it or their grandchildren.

My father died a couple of years ago at 93. My mother is 93, and we four kids in my family have not had to spend anything on our mother's health or our father's health. Like every American, we pay our taxes into the pot, and they have taken out when they needed to; and that has gone on over the entire country.

What they are saying in this bill is send your mother out and let her pick her own plan. That is wrong; and as we watch this debate, understand that is what they are saying to every senior citizen. Here is your money; good luck, Grandma; I hope you find something for yourself.

I hope every Member votes "no" on this. We could do better than this.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

(Mr. STRICKLAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### PRESCRIPTION DRUG PRICES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. NEUGEBAUER) is recognized for 60 minutes as the designee of the majority leader.

Mr. NEUGEBAUER. Mr. Speaker, I yield to the gentleman from Minnesota (Mr. GUTKNECHT).

Mr. GUTKNECHT. Mr. Speaker, I want to thank the gentleman from Texas (Mr. NEUGEBAUER) for yielding to me, and I want to thank him for claiming the time.

I rise tonight to talk about an issue where we have had a lot of discussion so far tonight. We have had a lot of discussion during this entire legislative session. In fact, we have had a lot of discussion for a number of years, and that is the issue of the price that Americans pay for prescription drugs relative to the rest of the industrialized world; and the gentleman from Texas (Mr. NEUGEBAUER) was good enough to join us in what really is an overwhelming majority of Members of the House who voted on this issue earlier this year.

It all started several years ago for me when I went to a town hall meeting in Faribault, Minnesota, and there were a lot of seniors there; and they were talking about their trips up to Canada to save some money on prescription drugs. It was a little like a Nolan Ryan fastball. It just blew right by me, and

I guess I decided if they wanted to go to Canada to buy their drugs, that is fine by me; and I never thought much about the issue.

They continued to pester me about this, saying things like, why is it we as seniors are treated like common criminal, just because we are trying to save a few bucks on prescription drugs; and still I did not pay much attention to the issue until something totally unrelated happened.

The price of pigs collapsed. Live hogs dropped from about \$37 per hundred weight down to about \$7, and we produce a lot of hogs in my part of the world. My pork producers kept calling me saying, Congressman, can you not do something about this; and so I called the Secretary of Commerce, and I called the Secretary of Agriculture. I got essentially the same answer. I should finish the story. What they really complained about was all of these Canadian hogs coming across our borders making our supply-and-demand situation even worse, and they said can you not do something at least about all these Canadian hogs.

I called the Secretary of Agriculture, called the Secretary of Commerce, got essentially the same answer. They said, well, that is NAFTA. That is free trade. We cannot stop the Canadian hogs from coming in, and all of a sudden a lightbulb went on over my head, and I said, wait a minute, you mean we have free markets and free trades when it comes to pork bellies, but not when it comes to Prilosec? I think the Secretary of Commerce sort of chuckled and said, well, I guess that is right.

That is when I began this little crusade of mine, and I began to study this issue even more, and Mr. Speaker, the more I have learned, the more I realized we in Congress need to do something about this because we created this environment. Unlike some of my friends on the left, I usually do not spend a whole lot of time saying shame on the pharmaceutical companies. I say shame on us because essentially we have created an environment that they are taking advantage of. We protect them like no other product from foreign competition, but let me talk first about the differences between what we pay in the United States versus what they pay in the rest of the industrialized world.

Let me give my colleagues some examples. We were in Munich, Germany, earlier this year; and we purchased 10 of the most commonly prescribed prescription drugs off the shelf at the Munich airport pharmacy, and here are some of the prices we paid.

We bought 10 tablets of Cipro, 250 milligrams for \$35.12 American. That same product here in Washington, D.C., is \$55. We bought Coumadin. That is a drug my father takes. It is a blood thinner that was developed at the University of Wisconsin. The generic version is called Warfarin. It actually is a rat poison. We bought it in Germany, 100 tablets, 5 milligrams for \$21.

That same package of drugs here in the United States, same product, made by the same company, under the same FDA approval, sells here in the United States not for \$21 but for \$89.95.

Glucophage, a miracle drug for diabetes, a drug that we purchased in Germany, 30 tablets, 850 milligrams, \$5 in Germany, \$29.95.

Pravachol, Prozac, Synthroid, all the same story. Come down here to this one, and this is the one that really gets to my gizzard, and that is the issue of the anticancer drugs, where we, American taxpayers, have paid so much to develop these drugs. Tamoxifen, we bought, in fact the actual number, we rounded it off here. It was \$59.05 for 60 tablets, 20 milligrams of Tamoxifen. An amazing drug, a miracle drug in terms of the treatment of breast cancer. That same drug we checked here in Washington, D.C., local pharmacy, \$360, six times more in the United States. Here is what really chaps my hide.

American taxpayers paid to develop that drug. As a matter of fact, through the NIH we paid to take that drug all the way through phase two trials. The American taxpayer paid to take that drug through phase two trials, and then we licensed it to one of the pharmaceutical companies, and they sell it back to us.

Clearly, we ought to pay our fair share of the cost of research. I think we ought to subsidize the people in sub-Saharan Africa, but I do not think the American taxpayers and the American consumers should have to subsidize the starving Swiss or the starving Germans. It really is time for them to pay their fair share.

Mr. Speaker, we have to ask is it really fair to make American consumers pay six times more for a drug that they paid to develop and take through phase two trials? This story goes on.

If we look down here at Zolof, \$82.52 in Germany, \$132.95 for American consumers and the story goes on; and some people say, well, that is because in some countries they fix the prices. They have price controls. In some respects that is true, but it is not always true.

For example, in Great Britain, the pharmaceutical companies can sell their drugs for whatever they want. There are no price controls in Great Britain. That is according to a report that was done and paid for by the Pharmaceutical Association in Europe, done, we have a copy of it in my office; and if any Member would like a copy, they can just call and we will send them a copy. Essentially what they do in Great Britain is they can charge whatever they want, but the British medical plan will only reimburse so much for these drugs, and they found that consumers in Great Britain have a tremendous amount of resistance to paying huge co-pays.

I have a drug here, Cipro, a marvelous drug. We bought this in Germany, \$35 in Germany, \$55 here in the